

EXHIBIT "B" – HORSE PROFILE – PAGE 1 of 4

NAME OF HORSE	DATE OF BIRTH			DATE OF ARRIVAL		
	MONTH	DAY	YEAR	MONTH	DAY	YEAR

BREEDING AND REGISTRATION

PRIMARY BREED	SIRE	BREED
	DAM	BREED
PRIMARY BREED REGISTRY	SECONDARY BREED REGISTRY	
PRIMARY REGISTERED NAME	SECONDARY REGISTERED NAME	
PRIMARY REGISTRATION #	SECONDARY REGISTRATION #	

OWNER INFORMATION

		List below the names and contact information for at least 3 people you would like to give the authority to make decisions on your behalf in the regard to the health, well-being, or medical treatment of your horse if you are unavailable or not able to be contacted.	
OWNER'S NAME	1	EMERGENCY CONTACT #1 NAME	
ADDRESS LINE 1		PHONE 1	
ADDRESS LINE 2		PHONE 2	
HOME	2	EMERGENCY CONTACT #2 NAME	
MOBILE		PHONE 1	
WORK		PHONE 2	
OTHER	3	EMERGENCY CONTACT #3 NAME	
BILL TO:		PHONE 1	
		PHONE 2	

INSURANCE

INSURANCE CARRIER	POLICY NUMBER
POLICY TYPE	PHONE

PREFERRED VETERINARIAN	CLINIC NAME	
	VETERINARIAN'S NAME	
	CLINIC PHONE	EMERGENCY PHONE/PAGER

PREFERRED FARRIER	FARRIER'S NAME	
	SERVICE NAME	
	PHONE	ALT. PHONE

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IDENTIFICATION												
COLOR					MARKINGS							
(NOTE IF DIFFERENT THAN AS STATED ON REGISTRATION PAPERS)												
SEX		HEIGHT										
(NOTE IF SPAYED OR PREGNANT)		HEIGHT IN HANDS								(NOTE IF DIFFERENT THAN AS STATED ON REGISTRATION PAPERS)		
BRAND(S)				TATTOO #			MICROCHIP #					
BRAND DESIGN		TYPE (HOT OR FREEZE)			NUMBER			NUMBER				
		LOCATION			LOCATION			LOCATION				
CONDITION UPON ARRIVAL												
WEIGHT		TEMP.		BCS		OVERALL CONDITION				COMMENTS		
WEIGHT IN POUNDS		°F		1-10		VERY POOR	POOR	FAIR	GOOD	VERY GOOD		
MEDICAL HISTORY												
EQUINE INFECTIOUS ANEMIA LABORATORY TEST							ACCESSION NUMBER					
DATE BLOOD DRAWN		TEST RESULTS		NEGATIVE		NAME OF VETERINARIAN			HORSE DESCRIPTION ACCURATE AND VERIFIED?		YES	
				POSITIVE					NO			
VACCINATIONS						DEWORMING						
DISEASE		STRAIN		BRAND		LAST DATE GIVEN		PROGRAM TYPE		60 DAY ROTATIONAL		
TETANUS										60 DAY FECAL EGG COUNT		
EQUINE INFLUENZA (FLU)										DAILY DEWORMER		
RHINOPNEUMONITIS (RHINO)								DATE OF LAST DEWORMING				
EASTERN EQUINE ENCEPHALITIS (EEE)								FARRIER				
WESTERN EQUINE ENCEPHALITIS (WEE)								REGULAR FARRIER CARE PROGRAM		(INDICATE TRIM, SHOES, PADS, ETC.)		
WEST NILE VIRUS												
STREPTOCOCCUS EQUI (STRANGLES)												
RABIES								DATE OF LAST FARRIER APPT.				
OTHER								DENTAL				
OTHER								DATE OF LAST DENTAL APPT.				
OTHER								OTHER		(CHIROPRACTIC, MASSAGE, ETC.)		
OTHER								DATE OF LAST APPT.				

ALLERGIES	INDICATE IF THIS HORSE EVER BEEN ADMINISTERED ANY OF THE FOLLOWING:
(INCLUDE ALLERGIES TO MEDICATIONS, FEEDS, ENVIRONMENT, OR VACCINE REACTIONS)	PENICILLIN
	SULFA ANTIBIOTICS
	BANAMINE

CHRONIC MEDICAL CONDITIONS							
GENERAL	ANHIDROSIS (INABILITY TO SWEAT)	HEMATOLOGICAL	ANEMIA		TREMORS		
	COLD INTOLERANCE		HOOF		BLOOD CLOTS	WOBBLES	
	HEAT INTOLERANCE		HOOF CRACKS		ABSCESSSES	SEIZURES	
	CHRONIC WEIGHT GAIN		LAMINITIS / FOUNDER		THIN SOLES	PAINFUL HEAT CYCLES	
	CHRONIC WEIGHT LOSS		WHITE LINE DISEASE		REPRO-DUCTIVE	OVARIAN CYSTS	
CARDIO-VASCULAR	HEART DISEASE	MUSCULO-SKELETAL	AZOTURIA / EXERTIONAL RHABDOMYOLYSIS (TYING UP)	RESPIRO-TORY	CHRONIC COUGHING		
	HEART MURMUR		BACK PAIN		CHRONIC LOWER AIRWAY DISEASE		
ENDOCRINE	CUSHING'S DISEASE		DEGENERATIVE JOINT DISEASE		CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)		
	HYPERTHYROIDISM		FRACTURES		EXERCISE INDUCED PULMONARY HEMORRHAGE (EIPH)		
	HYPOTHYROIDISM		GENERAL LAMENESS		GUTTERAL POUCH DISEASE		
EYES & EARS	CATARACTS		MUSCLE DAMAGE		LARYNGEAL HEMIPLEGIA	SKIN	(ROARING)
	CORNEAL ULCERS		NAVICULAR DISEASE		FROSTBITE		
	EQUINE PERIODIC OPHTHALMIA / UVEITIS		OSTEOARTHRITIS		HAIR LOSS		
	GLAUCOMA		OSTEOCHONDROSIS		PHOTOSENSITIVITY		
	HEARING LOSS		RINGBONE		RAINROT		
	VISION LOSS	STRINGHALT	SARCOIDS				
GASTRO-INTESTINAL	CHOKER	UPWARD FIXATION OF THE PATELLA (LOCKING STIFLES)	WARTS	URINARY	URINARY CALCULI (STONES)		
	COLIC	EQUINE PROTOZOAL MYELOENCEPHALITIS (EPM)	DRIBBLING/UNCONTROLLED URINATION				
	CONSTIPATION	HYPERKALEMIC PERIODIC PARALYSIS (HYPP)					
	DIARRHHEA	NERVE DAMAGE					
	GASTRIC ULCERS						
	INFLAMMATORY BOWEL DISEASE (IBD)						
POOR APPETITE							

PREVIOUS SURGERIES	
DATE	DESCRIPTION
DATE	DESCRIPTION
DATE	DESCRIPTION

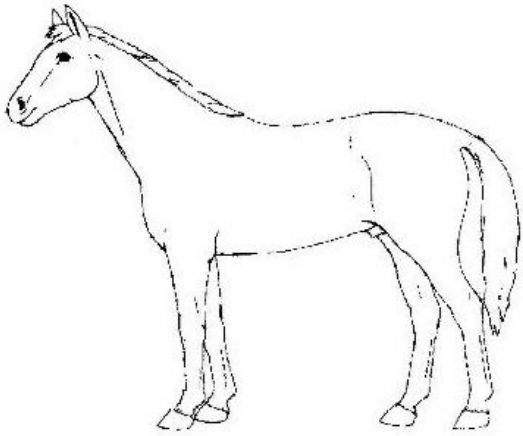
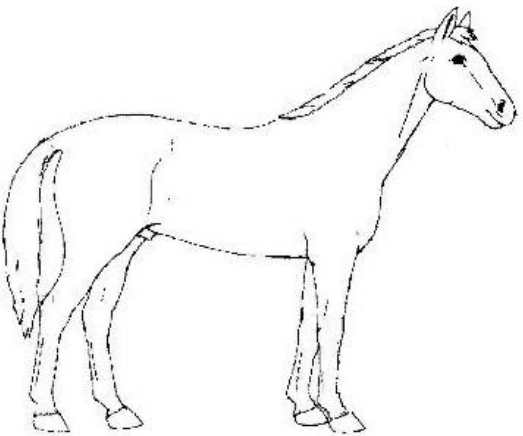
PRESENT INJURIES UPON ARRIVAL		
MARK ON THE HORSE'S BODY ANY AND ALL PAST OR PRESENT INJURIES, SCARS, AND AREAS OF PAIN, TENDERNESS, OR WEAKNESS.		
	LEFT SIDE	RIGHT SIDE

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DIET				
	DESCRIPTION	SCHEDULE		
HAY				
GRAIN				
SUPPLEMENT #1				
SUPPLEMENT #2				
SUPPLEMENT #3				
SUPPLEMENT #4				
SUPPLEMENT #5				
SOCIAL HABITS		GROUND MANNERS		
WHICH OF THE FOLLOWING DESCRIBE A SITUATION YOUR HORSE WOULD BE MOST ACCUSTOMED TO?	SELECT ANY OF THE FOLLOWING THAT DESCRIBE YOUR HORSE'S INTERACTION WITH OTHER HERD MEMBERS.	SELECT ANY OF THE FOLLOWING THAT APPLY TO YOUR HORSE.		
LIVING ALONE	AGGRESSIVELY DOMINANT	HARD TO CATCH IN THE PASTURE	PULLS BACK WHEN TIED	
LIVING WITH ONE OTHER HORSE	PLAYFUL AND DOMINANT	PUSHES INTO YOUR SPACE	ANXIOUS WHEN TIED	
LIVING IN A HERD OF SEVERAL HORSES	PLAYFUL AND SUBMISSIVE	UNCONFIDENT WHEN LEADING	DOES NOT CROSS TIE WELL	
LIVING IN A LARGE HERD OF HORSES (6 OR MORE)	TIMID/FRIGHTENED/EASILY INTIMIDATED	DIFFICULT TO TRAILER LOAD	ANXIOUS IN CONFINED AREAS	
LIVING IN A BOX STALL WITH NO TURNOUT	HIGHLY INTERACTIVE WITH HERDMATES	DIFFICULT TO LIFT ALL 4 HOOVES	FEARFUL OF UNFAMILIAR PEOPLE	
LIVING IN A BOX STALL WITH DAILY TURNOUT	NOT HIGHLY INTERACTIVE WITH HERDMATES	DOES NOT LIKE LEGS TOUCHED	FEARFUL OF MEN	
LIVING WITH OTHER ANIMALS	FRIENDLY AND OUTGOING	DOES NOT LIKE HEAD TOUCHED	RUSHES THROUGH GATES OR DOORWAYS	
	FRIENDLY AND SHY	DOES NOT LIKE EARS TOUCHED	OVERREACTIVE/SPOOKY	
		DIFFICULT TO HALTER	HISTORY OF KICKING	
		ANXIOUS WHEN AWAY FROM OTHER HORSES	HISTORY OF BITING	
VICES				
	CRIBBING	WEAVING	STALL WALKING	
	WOOD CHEWING	PACING THE FENCE LINES	STALL KICKING	OTHER
FEARS				
ROPES, CORDS OR HOSES	WATER (AS FROM A HOSE)	FARM EQUIPMENT, ATV'S	OTHER HORSES	
WHIPS	CLIPPERS	INJECTIONS	PLASTIC BAGS	
DOGS OR CATS	FLY SPRAY OR OTHER SPRAYS	DEWORMING	OTHER	
BICYCLES	BEING ALONE	FARRIER		
MOTORCYCLES OR CARS	BEING CONFINED (AS IN A STALL)	CROSSING WATER		
UNUSUAL OR DANGEROUS PROPENSITIES				

I, _____, hereby certify that I am the owner of the horse described herein, and have reviewed the foregoing information supplied by me in its entirety, and that it is true and complete to the best of my knowledge. In the event of any injury, illness, sickness, or medical emergency to the horse, I authorize JENNIFER COLLMAN, LLC (DBA WINDFALL EQUESTRIAN CENTER) to release of these records to any and all veterinary staff involved in the horse's medical treatment.

OWNER SIGNATURE

PARENT/GUARDIAN SIGNATURE (If under 18)

